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CONFIRMATION NO. 3209

SERIAL NUMBER 10/801,520	FILING OR 371(c) DATE 03/16/2004 RULE	CLASS 424	GROUP ART UNIT 1655	ATTORNEY DOCKET NO.
APPLICANTS Elizabeth A. Mazzio, Tallahassee, FL; Karam F. Soliman, Tallahassee, FL;				
** CONTINUING DATA ***** This appln claims benefit of 60/456,817 03/21/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 21
				INDEPENDENT CLAIMS 1
ADDRESS KARAM SOLIMAN FLORIDA A AND M UNIVERSITY COLEGE OF PHARMACY AND PAHMACEUTICAL SCIENCE 104 DYSON BULIDING Tallahassee, FL32307				
TITLE TOPICAL TREATMENT FOR DYSHIDROSIS (POMPHOLYX) AND DRY SKIN DISORDERS				
FILING FEE RECEIVED 1019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	